

# Alabama State Board for Respiratory Therapy Continuing Education Report Form

Name: \_\_\_\_\_ ALRT#: \_\_\_\_\_ Reporting Period: \_\_\_\_\_ to 10/31/07

<b>Section 1 -AARC CRCE units:</b>				
<b>Traditional Courses (Seminars, Workshops, National, Regional, State Educational Meetings, etc.):</b>				
Course ID	Course Title	Start Date	End Date	Units
Enter Total of AARC CRCE units of Traditional Courses				

<b>Section 2 -AARC CRCE units:</b>				
<b>Nontraditional Courses (Internet, Self-study, Webcasts, Professors Rounds, etc.):</b>				
Course ID	Course Title	Start Date	End Date	Units
Enter Total of AARC CRCE units of Nontraditional Courses here but do not enter a number greater than 12				

Name: \_\_\_\_\_ ASRT# \_\_\_\_\_ Repoting Period: \_\_\_\_\_ to 10/31/07

[illegible]

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Continuing Education Report Form**

Enter Total Hours of ASBRT Provider Courses

Name: ASRT # Reporting Period: to 10/31/07

a. American Medical Association under Physician Category I	h. American College of Chest Physicians
b. American Thoracic Society	i. American Society of Anesthesiologists
c. American Assn of Cardiovascular and Pulmonary Rehabilitation	j. American Academy of Pediatrics
d. American Heart Association	k. American College of Emergency Physicians
e. American Lung Association	l. American College of Physicians
f. American Hospital Association	m. Alabama hospital
g. American Nurses Association	n. Respiratory Therapy Programs approved by CoARC

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Section 5 - College Courses meeting criteria of 798-X-8.02(4)(a):			
One academic semester hour = 15 hours; one academic quarter hour = 10 hours.			
Date	Program/Class Description	Institution and Location	Hours
Enter Total CE Hours Earned for College Courses			

Section 6 - NBRC CRT/RRT Recredentialing and NBRC Advanced Specialty (NPS, RPFT)			
Recredentialed as: _____ with effective date of: _____	Enter 5 hours		
Completed NBRC Advanced Specialty credential of: _____ on date of: _____	Enter 5 hours		
Enter Total Hours earned through NBRC credentialing			

Section 7 - Advanced Life Support Courses (ACLS, PALS, or NRP, initial or retraining session, provider or instructor level):			
Date	Program/Class Description	Institution and Location	Hours
Enter Total of Advanced Life Support Courses here but do not enter a number greater than 12			

Section 8 - CE Lecture Preparation and Presentation (Four hours for FIRST presentation for each CE hour):			
Date	Program/Class Description	Institution and Location	Hours
Enter Total of Hours for CE Lecture Preparation and Presentation			

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Name: \_\_\_\_\_ ALRT #: \_\_\_\_\_ Recording Period: \_\_\_\_\_ to 10/31/07

Section 9 - Report Summary:	
Enter Total of AARC CRCE units of Traditional Courses	
Enter Total of AARC CRCE units of Nontraditional Courses here but do not enter a number greater than 12	
Enter Total Hours of ASBRT Provider Courses	
Enter Total Hours provided by other ASBRT approved organizations	
Enter Total Hours from approved College Courses	
Enter Total Hours earned through NBRC Re-Credentialing	
Enter Total Hours of Advanced Life Support Courses here but do not enter a number greater than 12	
Enter Total of Hours for CE Lecture Preparation and Presentation	
<b>TOTAL CONTINUING EDUCATION HOURS</b>	

**Important:**

1. This report form is based on the requirement set forth in Alabama State Board of Respiratory Therapy Administrative Code 798-X-8.01 to 798-X-8.04.

2. Each respiratory therapist licensed by the Board shall complete twenty-four (24) contact hours of continuing education over the two-year licensure period. Initial licensure periods which are less than 2 years will be prorated to equal 1 (one) contact hour for each month of the initial licensure period.

I affirm that all the information submitted on these forms is an accurate and true representation of my continuing education activities for meeting the requirements for renewal of my Alabama respiratory therapy license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 1/07